

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

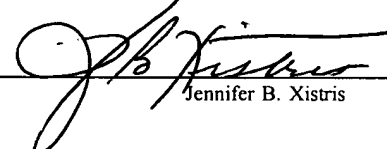
Box Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Daniel H. Teitelbaum and Barbara E. Wildhaber for Angiotensin Converting Enzyme Inhibitor Use For Treatment And Prevention Of Gastrointestinal Disorders.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **March 11, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EL 992 784 435 US** addressed to: **Box Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Jennifer B. Xistris

1. **Type Of Application**  
This new application is for a(n)  
☒ Original (nonprovisional)
2. **Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**  
21 Pages of Specification  
3 Pages of Claims  
1 Page of Abstract  
6 Sheets of Formal Drawings
3. **Declaration**  
☒ Enclosed  
☒ Unexecuted.
4. **Inventorship Statement**  
The inventorship for all the claims in this application is:  
☒ the same
5. **Language**  
☒ English
6. **Fee Calculation (37 C.F.R. § 1.16)**  
☒ Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))
Total Claims (37 C.F.R. § 1.16(c))	17 - 20 =	0 × \$18.00 =	\$0.00
Independent Claims (37 C.F.R. § 1.16(b))	3 - 3 =	0 × \$86.00 =	\$0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$290.00 =		\$0.00

7. **Small Entity Statement(s)**  
☒ Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.  
**Filing Fee Calculation** \$770.00
8. **Fee Payment Being Made At This Time**  
☒ Enclosed  
☒ basic filing fee  
**Filing Fee Calculation (50% of above)** \$385.00  
**Total Fees Enclosed** \$385.00

9. Method of Payment of Fees

☒ Check in the amount of \$385.00

10. Authorization To Charge Additional Fees and Credit Overpayment

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.


11. Power of Attorney by Assignee

☒ Enclosed (unexecuted)

12. Return Receipt Postcard

☒ Enclosed

Dated: March 11, 2004

  
\_\_\_\_\_  
David A. Casimir  
Registration No.: 42,395

MEDLEN & CARROLL, LLP  
101 Howard Street, Suite 350  
San Francisco, California 94105  
608/218-6900

☒ Statement Where No Further Pages Added

☒ This transmittal ends with this page.